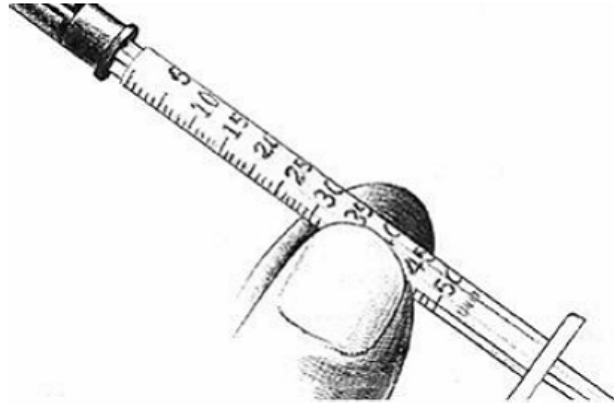


# GETTING TO THE POINT



## SYRINGE ACCESS AND HARM REDUCTION

Presented November 19, 2015  
West Virginia Public Health Symposium  
By Aaron Arnold, Director of Operations  
Prevention Point Pittsburgh

Harm Reduction Works  
...BECAUSE...

Rehab Has A 100%  
Failure Rate For  
**DEAD PEOPLE**



# Harm Reduction

- A philosophy AND practice that aims to reduce the likelihood of an individual or group experiencing harms through practical, incremental, collaborative strategies
- Generally applicable to physical health, but also incorporates behavioral health, social situation, and overall wellness/quality of life
- Recognizes that everyone is capable of change, and that any positive change made is a worthwhile effort
- Does not attempt to minimize or ignore the very real issues of danger, but does not use them as scare tactic
- No universal formula or curriculum, other than approaching people as experts in their own lives

# Everyday Harm Reduction



No societal stigma around driving, boating, or youth sports despite potential for accident/injury/death, and there are even widely accepted ways of ensuring that participation in these activities is safer. Why do we treat drug use, sex, crime, etc. differently?



# Syringe Exchange/Access in the US

- Primary purpose is to decrease transmission of HIV, Hepatitis C, and other blood-borne infections among IDUs and general population
  - Other impacts: reduce soft-tissue injuries and bacterial infections, to remove used injection materials from circulation, to provide risk reduction education, to serve as outreach for ancillary services
- Overdose prevention rapidly becoming a key activity
- In 2013, there were over 200 syringe exchange programs officially operating in the United States
  - Unknown number of informal programs
- Currently banned under federal rules, but locally authorized as public health programs

# Evidence of Impacts

- HIV infections among IDUs *reduced by an average of 50%* when syringe exchange implemented properly
- Also associated with:
  - Reduced rates of crime, drug use, and overdose
  - Fewer accidental needle sticks, especially by law enforcement and sanitation workers
  - Improved health and wellness of participants
  - Cost savings in healthcare systems
  - Reduced disparities in disease burden among minorities
  - Increased access to treatment services
  - Improved knowledge regarding risk reduction strategies

# Case Study: Indiana

CDC Home



Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives. Protecting People.™

SEARCH

A-Z Index [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#) <#>

## Morbidity and Mortality Weekly Report (MMWR)

[MMWR](#)



### Community Outbreak of HIV Infection Linked to Injection Drug Use of Oxymorphone – Indiana, 2015

*Weekly*

**May 1, 2015 / 64(16);443-444**

*On April 24, 2015, this report was posted as an MMWR Early Release on the MMWR website (<http://www.cdc.gov/mmwr>).*



# Case Study: Washington DC

*The Washington Post*

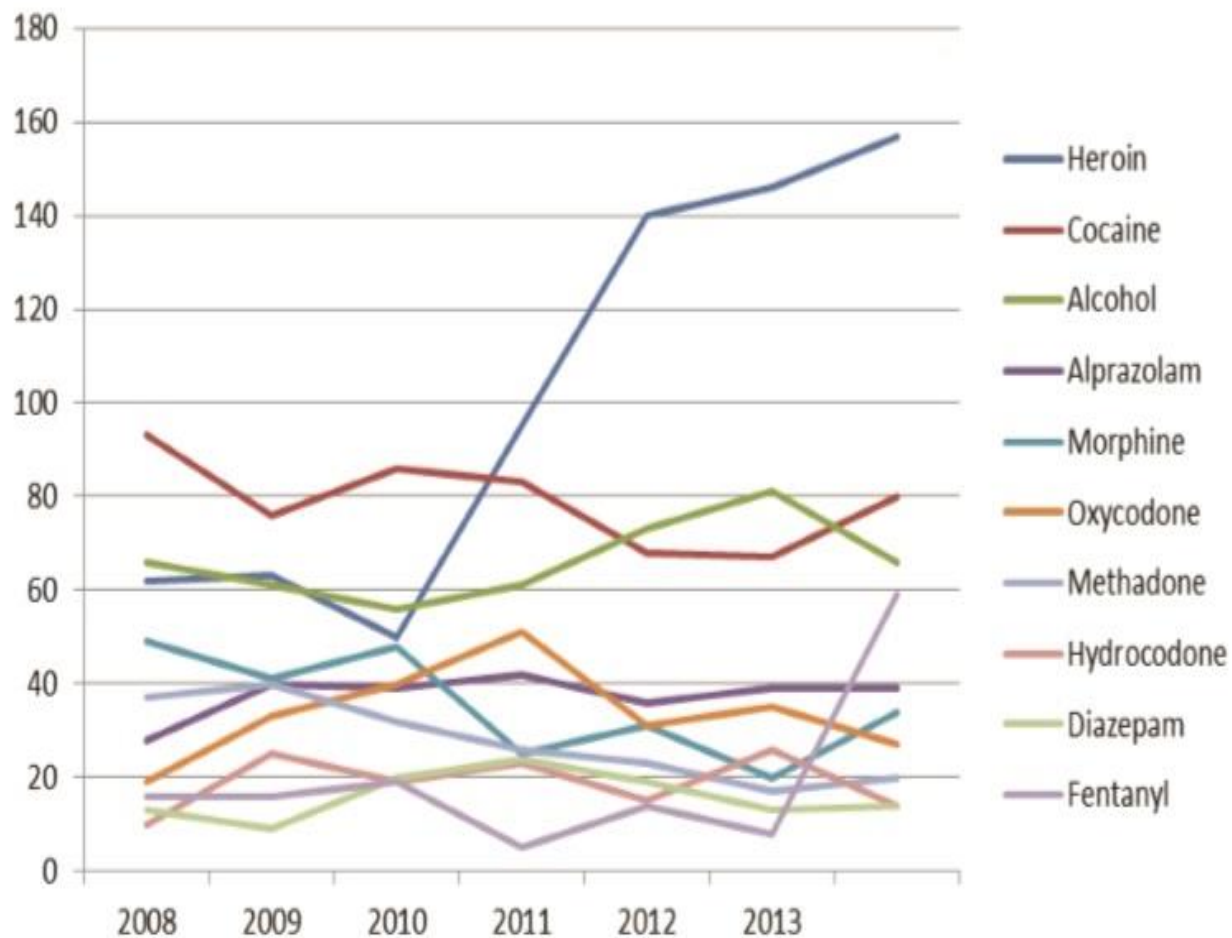
**D.C. Politics**

**Study: Needle-exchange program leads to big drop in D.C. HIV infections**

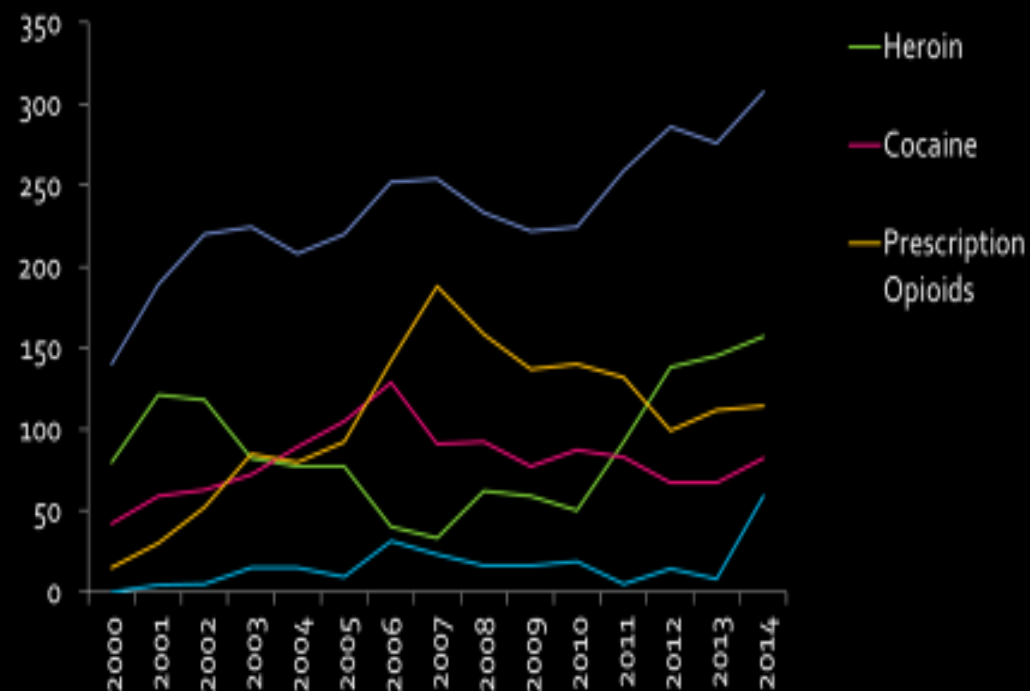
# Context for Harm Reduction

- Overdose is the leading cause of accidental death
- Hepatitis C infections have increased 150% nationwide, over 350% in Appalachian region
- Opiate and heroin use have possibly doubled in the last decade
  - Users are increasingly younger, rural, Caucasian compared to early 2000s
  - Females are bearing a larger proportion of Hepatitis C and overdose events than ever before
- Rapidly changing trends in opiate availability
  - Prescriptions down, heroin up
  - Fentanyl

**Figure 45: Most Frequently Recorded Drugs on Fatal Overdose Death Certificates in Allegheny County, 2011-2014**



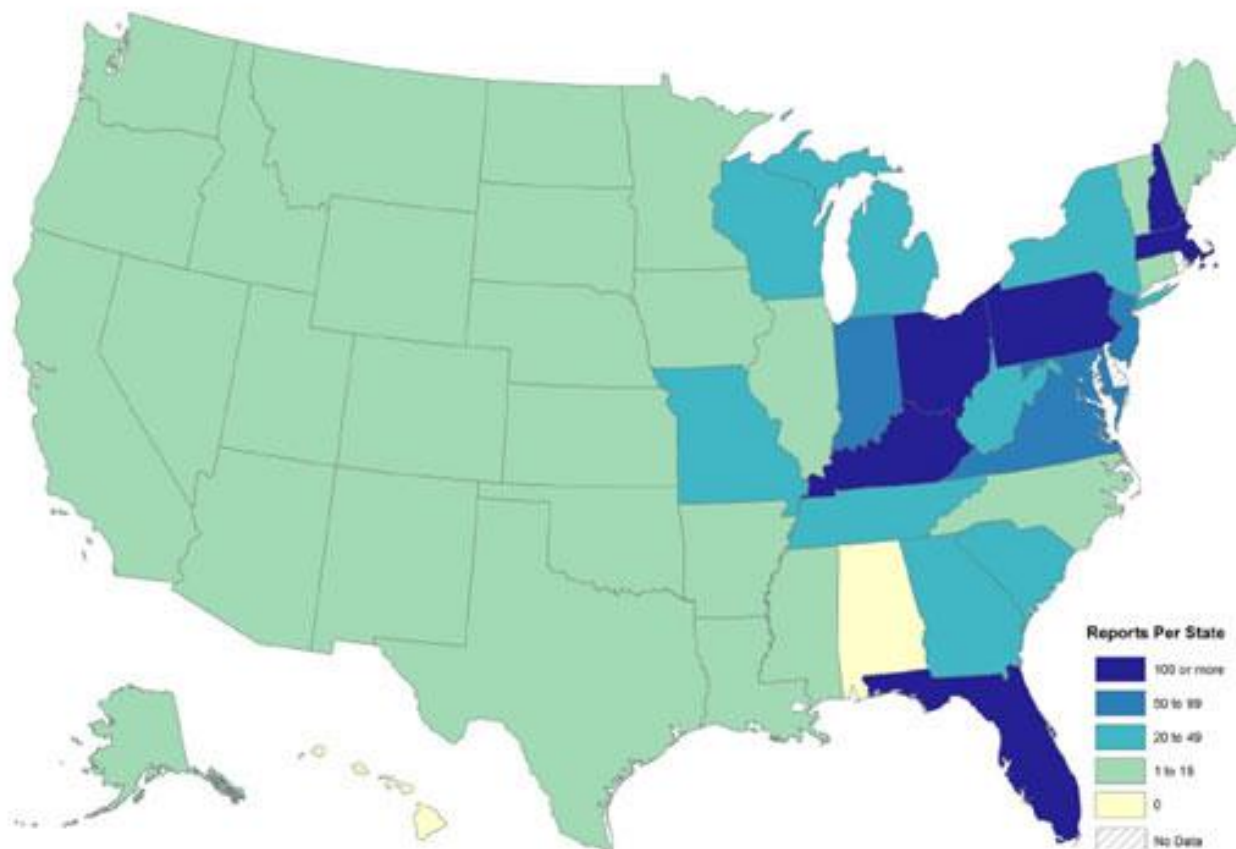
## Allegheny County Trends in Accidental Drug Overdose Deaths 2000-2014\*



**\*Preliminary Data** from Allegheny County Medical Examiners Annual Reports and includes all overdose deaths where these drugs were present at time of death, not necessarily cause of death.

# Fentanyl reports in NFLIS, by State

## July – December 2014



**Figure 4.2. Incidence of acute hepatitis C, by age group — United States, 2000–2012**



Source: National Notifiable Diseases Surveillance System (NNDSS)



# prevention | point | pittsburgh

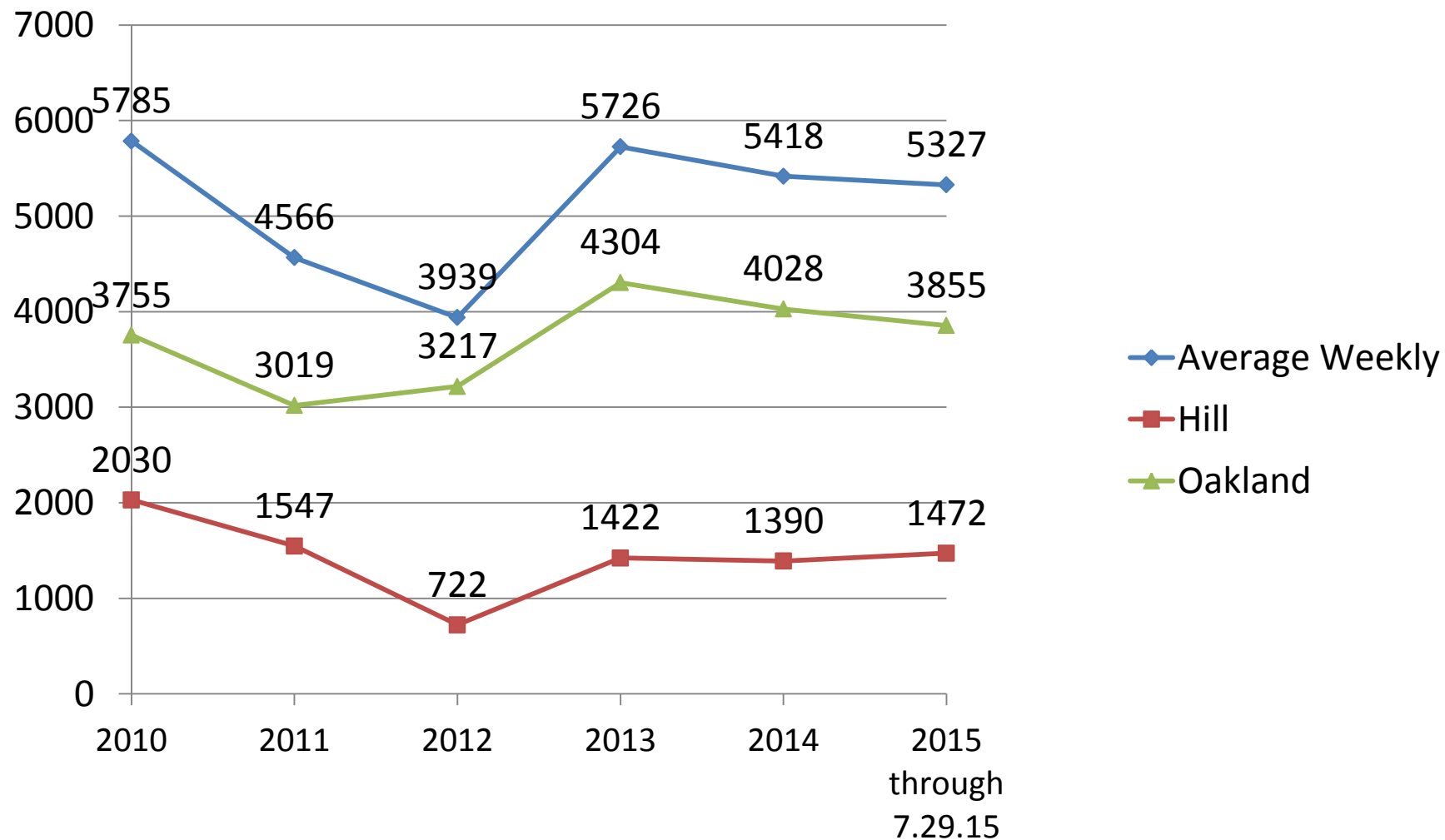
907 West Street, 5th Floor • Pittsburgh, PA 15221 • 412.247.3404 • FAX 412.247.1640 • [www.pppgh.org](http://www.pppgh.org)

# Services: Provided free of charge!

- Legal, anonymous syringe and sterile works access
- Overdose prevention/naloxone distribution
- Outreach/case management/referrals (including treatment)
- Risk reduction & safer injection counseling
- HIV/Hep C/Gonorrhea & Chlamydia testing
- Wound care & medical consultation
- Medical waste disposal
- Technical assistance, training
- Advocacy



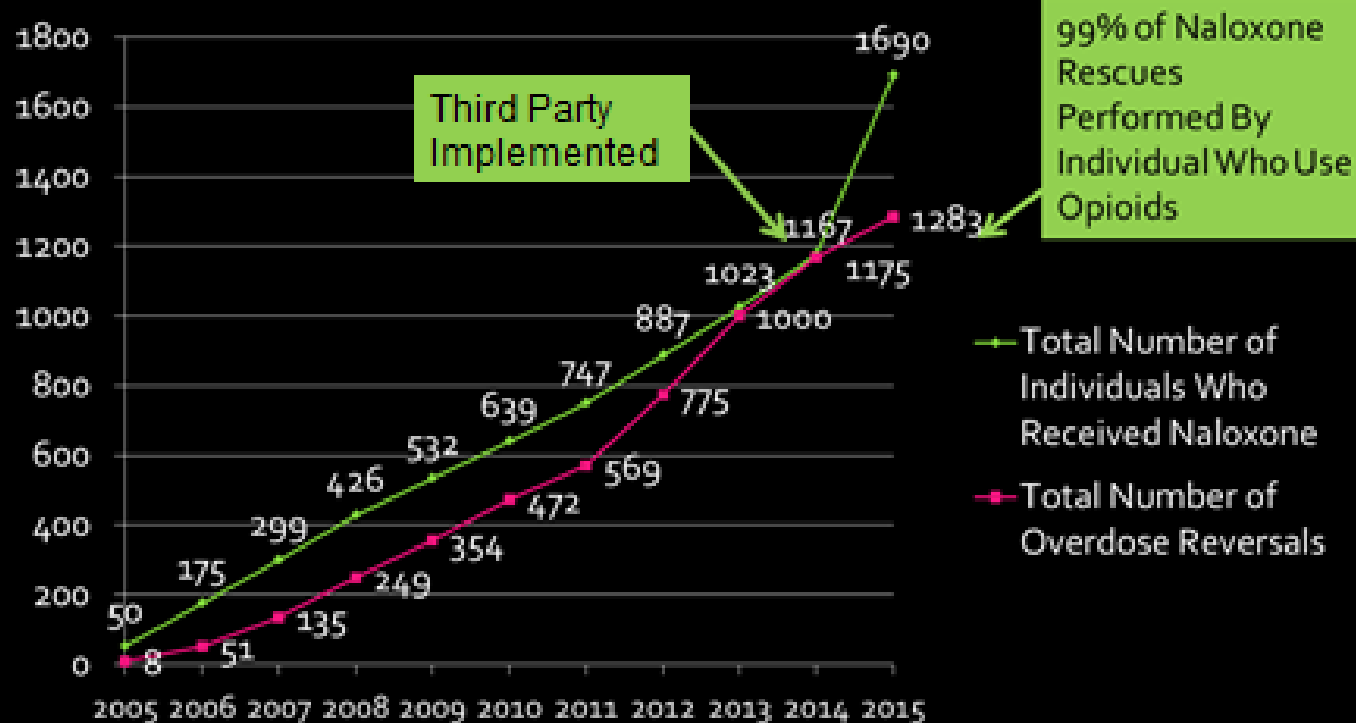
# Prevention Point Pittsburgh Site Numbers Syringes Distributed Weekly Average January 2012- July 2015



# Not Just Needles: Works & Info

- Needles
- Sharps containers
- Alcohol pads
- Ties
- Cookers
- Cottons or filters
- Bleach
- Ascorbic acid
- Condoms (male & female)
- Educational Lit
- Safety info (Bad Bags Board)

## Prevention Point Pittsburgh Naloxone CUMULATIVE DATA - July 2005- June 2015



2005 - 2014 100% of rescues were by individuals who use opioids themselves.  
In 2015 99% of rescues were by individuals who use opioids themselves.

# Considerations for Syringe Access

- FUNDING & sustainability
  - Which services can be offered for free?
- Law enforcement & local government buy-in
- Fixed and/or mobile sites, setting (community vs. medical)
  - What services can be offered on-site vs. referral?
- Capacity – paid staff vs. volunteers
- Ability and willingness to build trusting relationships with people in active use
- What are the norms & context of local use networks?
- Which services can be anonymous?



# Questions?